## Exhibit 2

|                                                                                                                                                                                                                                                             | 905 A 28 W L 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                           | INCIDENT N                                                              | HIMPED                                               |                                              | PEDODE                                                                    |
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| That is                                                                                                                                                                                                                                                     | ENT REPOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                           |                                                                         |                                                      | <b>-</b>                                     | REPORT TYPE:                                                              |
|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                           | 0:                                                                      | 162813                                               | 03509                                        | X INITIAL SUPPLEMENTAL                                                    |
| AUTHORITY: 5 USC 301;10 USC 5031;44 PRINCIPAL PURPOSE: Used to record in olice, NCIS special agents, etc. Used to p ction is taken. ROUTINE USES: Information may be disc. prosecution or civil court action. Informatio DISCLOSURE IS VOLUNTARY: SSN is us | formation and details of<br>provide information to the<br>dosed to local, county, s<br>in extracted from this for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | i criminal activity whe<br>he appropriate indiv<br>state and federal law<br>irm may be used in | riduals within Do<br>w enforcement (<br>other related cri | i investigative<br>D organization<br>or investigatory<br>minal and/or c | ns who ensure<br>y authorities fo<br>ivil proceeding | that proper legar<br>investigation ar<br>ps. | s, supervisors, security<br>il and administrative<br>nd possible criminal |
|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7                                                                                              |                                                           |                                                                         | * . * * * * * * * * * *                              |                                              | Sold records.                                                             |
| STANGON AND MINISTERNIA                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | . <b>170</b> 00                                           | e de la                                                                 |                                                      | · Se in                                      |                                                                           |
| DATE REC'D (YYYYMMDD) TIME REC'D                                                                                                                                                                                                                            | (24 Hour) INCIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DENT RECEIVED:                                                                                 | X in Pe                                                   | rson                                                                    | y Telephon                                           | e [                                          | By Radio                                                                  |
| 2001/10/24 12                                                                                                                                                                                                                                               | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | By A                                                      |                                                                         | By Crime Sto                                         |                                              | Other:                                                                    |
| SECURIONAL COMPLANTAGE AND                                                                                                                                                                                                                                  | and the state of t    | 2.50m to 1                                                                                     |                                                           |                                                                         |                                                      |                                              |                                                                           |
| LAST NAME (Include Jr., Sr., II, III, etc.)                                                                                                                                                                                                                 | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                        | MIDDLE                                                    | CAROLI CAN                                                              | SSNVALIEN                                            | REG.#                                        | GRADE/RANK                                                                |
| HALLBERG                                                                                                                                                                                                                                                    | COL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LIN                                                                                            | A.                                                        |                                                                         | 1                                                    |                                              | GS-06                                                                     |
| BRANCH OF SERVICE:                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STATUS                                                                                         | S:                                                        | . (ACT)                                                                 | C. DEOEDI                                            | #                                            |                                                                           |
| MARINE CORPS COAST GUAL                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                              | _                                                         | S. (ACTIVE)                                                             | _                                                    | _                                            | NATIONAL GUARD                                                            |
|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                           | WEI MEMBER                                                              |                                                      | EMPLOYEE                                     | CIVILIAN PNO GOV.AFF.)                                                    |
| DUTY STATION/EMPLOYER (INCLUDE DEF                                                                                                                                                                                                                          | PARTMENT/COMMAND/DI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (VISION/UNIT, etc.)                                                                            |                                                           |                                                                         | ſu                                                   | RC/RUC                                       | WORK TELEPHONE                                                            |
| NAVSTAPH SECDET                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | Tany                                                      |                                                                         |                                                      | 62813                                        | 668-7114                                                                  |
| ADDRESS                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | J. H                                                      |                                                                         |                                                      | j                                            | RI ZPCODE                                                                 |
| SPATIONIL OPERIOR AND COLUMN                                                                                                                                                                                                                                | Mary Targanaga Salat Salat<br>Mary Salat Sala |                                                                                                |                                                           |                                                                         |                                                      | 40000000000000000000000000000000000000       |                                                                           |
| DATE(S) OF INCIDENT:                                                                                                                                                                                                                                        | TWEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INCIDENT: (24 Ho                                                                               |                                                           | ENCE CTATI                                                              | IS Chart On                                          | ly One Per Offer                             |                                                                           |
| (YYYYMMDD)                                                                                                                                                                                                                                                  | Tunc(3) OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INCADENT, (24 no                                                                               | , OF                                                      | . 1.                                                                    |                                                      | y Ole rei Ola.                               | 3                                                                         |
| From: To:                                                                                                                                                                                                                                                   | From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | To:                                                                                            |                                                           |                                                                         |                                                      | ATTEMPTED                                    | ATTEMPTED                                                                 |
| 2001/10/10                                                                                                                                                                                                                                                  | 1645                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                           | ⊠ COM                                                                   | TELED [                                              | COMPLETED                                    | COMPLETED                                                                 |
| OFFENSE DATA                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                           |                                                                         |                                                      |                                              |                                                                           |
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| F 13C-communi                                                                                                                                                                                                                                               | cating a thr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | eat                                                                                            |                                                           |                                                                         |                                                      | lanae Hi                                     |                                                                           |
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|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | oggy                                                      | 1                                                                       | ဩ Day                                                |                                              | Dark (Not Lighted)                                                        |
|                                                                                                                                                                                                                                                             | Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Unknown 🔲 C                                                                                    | Aner:                                                     | — <u> </u>                                                              | Daw                                                  | ب                                            | Unknown                                                                   |
| OFFENDER USED T                                                                                                                                                                                                                                             | YPE WEAPON/FORCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | USED (Max 3) (                                                                                 | Enter in box an                                           | "A" If fully auto                                                       | omattic weapo                                        | n; "M" il manuat;                            | "S" if semi-automatic)                                                    |
| Alcohol Fi                                                                                                                                                                                                                                                  | rearm (Not-Listed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Knife/Guttir                                                                                   | ng-Tool                                                   | Poison                                                                  |                                                      | Asphyxia                                     | ion                                                                       |
| Drugs/Narcotics Ha                                                                                                                                                                                                                                          | andgun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Blunt Object                                                                                   | t t                                                       | Explosi                                                                 | ives                                                 | Unknown                                      |                                                                           |
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| LOCATION OF OFFENSE (Enter 1,2,or 3 If mult                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                           |                                                                         | 44.                                                  | Commence of the second second                | TO THE PARTY OF THE PARTY.                                                |
| Exchange/Dept/Discount Store                                                                                                                                                                                                                                | Air/Bus/Train Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | erminal                                                                                        | Rental/S                                                  | torage Facili                                                           | ity                                                  |                                              | Dining Facility/Restaurant                                                |
| School (Elem, High)/College                                                                                                                                                                                                                                 | Training/Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e School                                                                                       |                                                           | terway/Ocea                                                             | an                                                   |                                              | Bank/Credit Union                                                         |
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|                                                                                                                                                                                                                                                             | Government/Public Building Highway/Road/Alley/Sklewalk Hospital/Clinic On Board Ship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                           |                                                                         |                                                      | •                                            |                                                                           |
| BOQ/CBQ/Lodge/Hotel                                                                                                                                                                                                                                         | Commissary/Gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · L                                                                                            |                                                           | re Facility                                                             |                                                      |                                              | On Board Aircraft                                                         |
| Package/Liquor Store                                                                                                                                                                                                                                        | Chapel/Church/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                           | Store/Cond                                                              |                                                      |                                              | Other (Specify)                                                           |
| Shoppette/Convenience Store                                                                                                                                                                                                                                 | Commercial/Offi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - L                                                                                            |                                                           |                                                                         | esidence/Be                                          | erthing l                                    | Jnknown                                                                   |
| Corrections Facility/Jail/Prison                                                                                                                                                                                                                            | Recreation Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                           | oVParking L                                                             | _                                                    |                                              |                                                                           |
| TYPE OF CRIMINAL                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ry, forgery, pornogr                                                                           |                                                           | , drugs or wea                                                          |                                                      |                                              |                                                                           |
| Buying/Receiving                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rating/Promoting                                                                               | -                                                         |                                                                         | LJ                                                   | uction/Vandali                               | · · · · · · · · · · · · · · · · · · ·                                     |
| Cultivating/Manufacturing/Publishin                                                                                                                                                                                                                         | ` 🗀                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sessing/Conceal                                                                                | -                                                         |                                                                         |                                                      | sment/Stalkin                                | g                                                                         |
| Distributing/Selling                                                                                                                                                                                                                                        | L1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sporting/Transm                                                                                | itting/Importir                                           | g                                                                       | Other                                                | (specify)                                    |                                                                           |
| Exploiting Children                                                                                                                                                                                                                                         | Usin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | g/Consuming                                                                                    |                                                           |                                                                         | Y (When fil                                          |                                              | PAGE 1 OF 5 PAGES                                                         |

| SECTION MODELLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| TYPE 0                                 | FVICTIM         |                                        | AGGRAVATED ASSAULT CIRCUMSTANCE |                   |                                         | CES(Max 2)                               |                 | IN.J                   | URY TYP        | E (Ma                     | x 5)              |                        |  |
| X Individual<br>Business               | <b>⊢</b> -      | ious Org'n<br>ty/Public                | Argur<br>Drug                   | ment<br>Dealing   | $\vdash$                                | ssault on L                              |                 | X Non<br>Brok          | e<br>ken Bone  | s                         | -                 | or Injury<br>or Injury |  |
| Financial Institution                  | Other           |                                        | Gang                            |                   |                                         |                                          | Circumstances   |                        | s. Int. Inju   | 1-                        | Loss of Teeth     |                        |  |
| Government                             | Unkn            | own                                    | Juvenile Gang                   |                   |                                         | nknown                                   | 1               | Sev                    | ere Lacer      | ration                    | Unc               | onsciousnes            |  |
| Law Enforcement                        |                 |                                        |                                 |                   | VDomestic                               |                                          |                 |                        | -              |                           |                   |                        |  |
| RELATIO                                | NSHIP OF VIC    | TIM TO SUSPE                           | CT (Form                        | ultiple sus       | pect's relation                         | ships, enter s                           | uspect's nun    | nber in bk             | ock)           |                           |                   |                        |  |
| Spouse                                 | Grand           | Iparent                                | St                              | epsibling         |                                         | Babysitte                                |                 | Employ                 |                |                           | yee               | ee                     |  |
| Com-Law Spouse                         | Grand           |                                        | 1                               | Other Family      |                                         | Boy/Girl Friend (B/G                     |                 | . —                    |                |                           | mployer           |                        |  |
| Parent                                 | In-La           |                                        | _ <del>  </del>                 | cquaintan         | œ                                       | Child of B/G Friend                      |                 | <u> </u>               |                |                           | therwise Known    |                        |  |
| Sibling                                | Stepp           |                                        | <u> </u>                        | iend              | ļ                                       | 1                                        | ual Relation    | ISTIP                  |                | i .                       | -                 | nship Unknown<br>      |  |
| Child                                  | Stepo           |                                        | 1 NK                            | eighbor           |                                         | Ex-Spous                                 | Ø<br>QUENCE#    |                        |                | Strang                    |                   | D2701 ISSUE            |  |
| Company of the State of                | マン・スペン イン・ストライド | ************************************** |                                 |                   |                                         | ☐ WIN                                    | ***             | î 🗆 :                  | SPONSOR        | #:                        | :                 |                        |  |
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| 21 UNIVE (NOTICE AT ACT )              | , m, onc.)      | LINOI                                  |                                 |                   | MALUCLE                                 |                                          | i sone          | ALIEN RI               | EG.#           |                           | GR<br>I           | ADE/RANK               |  |
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|                                        | ARMY   N        | _                                      |                                 |                   |                                         |                                          |                 |                        |                | _                         |                   | MAL GUARD              |  |
|                                        | COAST GUAR      |                                        |                                 |                   |                                         | FAMILY ME                                | MBER [] (       | IVILIAN                | EMPLOYE        |                           |                   | AN AND GOV.A           |  |
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| SUSPECT# 1                             | ARRESTE         | E#                                     | 1                               |                   | 4 0 5 0 6 0                             |                                          |                 | <del> </del>           |                | CHICIPAL<br>CHISPIRAT     |                   | SOLICITOR              |  |
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| ABAD                                   |                 |                                        | Robert                          |                   | 1                                       | F.                                       | 1               |                        |                |                           | 1                 | CIV.                   |  |
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| _                                      | COAST GUAR      |                                        |                                 | ı                 | -                                       | =                                        | MBER (X) C      |                        | -              | _                         |                   | AN MO GOVA             |  |
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| deral Fire De                          | •               |                                        |                                 |                   | •                                       | rd. Wa                                   | aianae          |                        | 6 <b>292</b> 3 | 1                         |                   | 8-3420                 |  |
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| brn                                    | BRN             | יפי5                                   | '                               | 150               |                                         |                                          | Ι.              |                        |                | Hawai                     | L <b>i</b>        |                        |  |
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| . \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                 |                                        | Female                          |                   | Black                                   |                                          | inknown         |                        | lon-Hispa      | enic [                    |                   | onresident             |  |
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| Shoulder   Greasy<br>Long   Recruit    | LowerLi         | Acr                                    |                                 | Odorous           | Eye                                     | (Left/Right)                             | Camo            | ufiace                 |                | <b>P</b>                  |                   | Apologetic             |  |
| Coarse Ponytail                        | Sidebum         | s   ∏ Poo<br>n   ∏ Rux                 | ked D                           | Neat<br>  Cap/Hat | ☐ Scale                                 | ,                                        | ☐ Weste         | m Attire               | j M            | mbles                     |                   | Disordered             |  |
| Thick Straight Thinning Curty          | Cher:           |                                        | e   [7                          | Sunglasse         | * [ˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈˈ | (Left/Right)<br>(Left/Right)             | All Mets        | d Altire<br>c Altire   | ☐ Ra           | <b>pid</b>                |                   | Nervous                |  |
| Why C Wig                              |                 | _                                      |                                 | Gloves            | Less t                                  | Left/Right)                              | ∐ Havyl         | ess Attire<br>Uniform  |                | utiors                    |                   | Polite Competent       |  |
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police officer. Capt. ABAD then said. "That's what it is coming to". I said that I would have to make a note of this conversation. At approximately 1830 Capt.ABAD called security to cancel his complaint.

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ANCOPICATION PROPERTIES

OFFICER ACTIONS: Due to scheduling I was not able to contact Capt. KAOPUA until 10-13-01. I advised Capt. KAOPUA of the conversation I had with Capt. ABAD. Capt. KAOPUA said he was going to contact District Chief DELORA and discuss the situation with him. Capt. KAOPUA contacted Dist. Chief DELORA on 10-17-01 and told him what had been said and if he needed further information to contact Lualualei Security. On 10-24-01 I was contacted by Capt.KAOPUA, he said he had not received any further contact from Chief DELORA and now wanted to file a formal complaint.On 10-24-01 at 1545 I contacted Agent SPENCER, NCIS, and relayed the above events. Agent SPENCER advised that NCIS would assume the case.

NOTIFICATION:

CDO TMC MENCIAS via UT1 LEIDNER at 1225.

MAJOR ROBERTS notified 1215

DISPOSITION:

Accepted by NCIS.

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